

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 16-31 2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

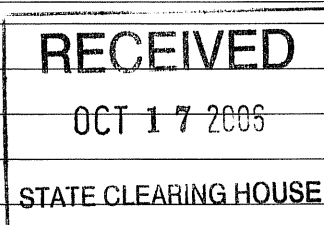
# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 10-13-06	Applicant Identifier	
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<input checked="" type="checkbox"/> Non-Construction				
<b>5. APPLICANT INFORMATION</b>				
Legal Name: Economic Development & Financing Corp		Organizational Unit: Department:		
Organizational DUNS: 943372839		Division:		
<b>Address:</b> Street: 631 South Orchard Ave.		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
City: Ukiah		Prefix: Ms.	First Name: Madelin	
County: Mendocino		Middle Name McClure		
State: CA		Last Name Holtkamp		
Zip Code 95482		Suffix:		
Country: USA		Email: madelin@edfc.org		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> - 6		Phone Number (give area code) 707-467-5953		Fax Number (give area code) 707-467-5901
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O. Not for profit Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 14 - 307 TITLE (Name of Program):		<b>9. NAME OF FEDERAL AGENCY:</b> Economic Development Administration		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Mendocino, Lake, Sonoma, Marin & Humboldt counties, CA		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Meat Industry Capacity Study		
<b>13. PROPOSED PROJECT</b> Start Date: 1-07 Ending Date: 6-07		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant Mike Thompson b. Project same		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 108,625.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10-12-06		
b. Applicant	\$ 70,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$ 81,226.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ .00			
g. TOTAL	\$ 259,000.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
a. Authorized Representative				
Prefix Ms.	First Name Madelin	Middle Name McClure		
Last Name Holtkamp		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) 707-467-5953		
d. Signature of Authorized Representative		e. Date Signed		

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Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102



## PART I - FACE SHEET

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		1. TYPE OF SUBMISSION: Non-Construction	
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/17/06		3. DATE RECEIVED BY STATE:	
2b. APPLICATION ID: 07SF070528		4. DATE RECEIVED: 10/17/06	
5. APPLICATION INFORMATION		STATE APPLICATION IDENTIFIER:	
LEGAL NAME: Pepperdine University DUNS NUMBER: 072280175 ADDRESS (give street address, city, state and zip code): 24255 Pacific Coast HWY Malibu CA 90263 - 0001		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Faye S. Pinkett TELEPHONE NUMBER: 310-568-5798 FAX NUMBER: (310) 568-5728 INTERNET E-MAIL ADDRESS: Faye.Pinkett@Pepperdine.edu	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 951644037		7. TYPE OF APPLICANT: 7a. Higher Education Organization - Private 7b. 4-year college	
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>RECEIVED</b>   OCT 19 2006   STATE CLEARING HOUSE </div>	
9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>			
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparent Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Culver City FGP	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Los Angeles, Compton, Torrance, Long Beach			
13. PROPOSED PROJECT: START DATE: 01/01/07    END DATE: 12/31/08		14. PERFORMANCE PERIOD: START DATE:    END DATE:	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. FEDERAL    \$ 305,655.00		<input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 17-OCT-06	
b. APPLICANT    \$ 69,228.00			
c. STATE    \$ 0.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
d. LOCAL    \$ 6.00			
e. OTHER    \$ 0.00			
f. PROGRAM INCOME    \$ 0.00			
g. TOTAL    \$ 574,883.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Faye S. Pinkett		b. TITLE: Director	
		c. TELEPHONE NUMBER: 310-568-5798	
		d. DATE: 10/17/06	

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> 	<b>Applicant Identifier</b> 
		<b>3. DATE RECEIVED BY STATE</b> 	<b>State Application Identifier</b> 
<b>4. Federal Identifier</b> 		<b>5. APPLICANT INFORMATION</b> * Organizational DUNS: 0923303690000	
* Legal Name: Regents of the University of California		<div style="border: 2px solid black; padding: 10px; display: inline-block;"><b>RECEIVED</b>  OCT 19 2006  STATE CLEARING HOUSE</div>	
Department: Off. of Contract & Grant Admin Division: Univ of Calif, Los Angeles			
* Street1: 10920 Wilshire Blvd. Street2: Suite 1200			
* City: Los Angeles County:      * State: CA			
Province:      * Country: UNITED ST * ZIP / Postal Code: 90024-1406			
Person to be contacted on matters involving this application			
Prefix: * First Name: Middle Name: * Last Name: Suffix: Ms. Karen Marchant			
* Phone Number: 310-794-0167 Fax Number: 310-794-0831 Email: kmarchant@resadmin.ucla.edu			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 966006149		<b>7. * TYPE OF APPLICANT:</b> H: Public/State Controlled Institution of Higher Education	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Other (Specify): <b>Small Business Organization Type</b> <input checked="" type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center	
* Is this application being submitted to other agencies? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> What other Agencies? NSF		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> UCLA Nuclear Group Neutrino Physics Research Program			
<b>12. * AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.) Not applicable			
<b>13. PROPOSED PROJECT:</b> * Start Date * Ending Date 01/01/2007 12/31/2009		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant b. * Project 30 30	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
Prefix: * First Name: Middle Name: * Last Name: Suffix: Prof. Huan Z Huang			
Position/Title: Professor * Organization Name: Regents of the University of California			
Department: Physics & Astronomy Division: Univ of Calif, Los Angeles			
* Street1: 430 Portola Plaza Street2: 5-123 Knudsen			
* City: Los Angeles County: Los Angeles * State: CA: Californi			
Province:      * Country: UNITED ST * ZIP / Postal Code: 90024-1406			
* Phone Number: 310-825-9297 Fax Number:      * Email: huang@physics.ucla.edu			

SF 424 (R&amp;R) APPLIC ON FOR FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 921,396.00

b. \* Total Federal & Non-Federal Funds 921,396.00

c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 10/19/2008

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Ms. Karen Merchant

\* Position/Title: Grant Analyst \* Organization: Regents of the University of California

Department: Office of Contracts & Grants Division: Univ of Cal Los Angeles

\* Street1: 10920 Wilshire Blvd. Street2: Suite 1200

\* City: Los Angeles County: Los Angeles \* State: CA: Californi

Province: \* Country: UNITED ST \* ZIP / Postal Code: 90024-1406

\* Phone Number: 310-794-0167 Fax Number: 310-794-0631 \* Email: kmarchant@resadmin.ucla.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

## 20. Pre-application

Add Attachment

## 21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008



**SF 424 (R&R)** APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

<b>16. ESTIMATED PROJECT FUNDING</b>  a. * Total Estimated Project Funding \$450,000.00 b. * Total Federal & Non-Federal Funds \$450,000.00 c. * Estimated Program Income \$0.00	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES <input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 10/20/2006 b. NO <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																	
<b>18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b> <input checked="" type="radio"/> * I agree <small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>																																		
<table style="width: 100%; border: none;"> <tr> <td colspan="2"><b>19. Authorized Representative</b></td> <td style="text-align: right;">Suffix:</td> </tr> <tr> <td>Prefix:</td> <td>* First Name:</td> <td>* Last Name:</td> </tr> <tr> <td></td> <td>Cara</td> <td>Egan-Williams</td> </tr> <tr> <td>* Position/Title: Sponsored Projects Officer</td> <td colspan="2">* Organization Name: The Regents of the University of California</td> </tr> <tr> <td>Department: Office of Research</td> <td colspan="2">Division:</td> </tr> <tr> <td>* Street1: University of California</td> <td colspan="2">Street2: 3227 Cheadle Hall</td> </tr> <tr> <td>* City: Santa Barbara</td> <td>County:</td> <td>* State: CA: California</td> </tr> <tr> <td>Province:</td> <td>* Country: USA: UNITED STATES</td> <td>* ZIP / Postal Code: 93106-2050</td> </tr> <tr> <td>* Phone Number: 805-893-8809</td> <td>Fax Number: 805-893-2611</td> <td>* Email: eganwilliams@research.ucsb.edu</td> </tr> <tr> <td colspan="2" style="text-align: center;">* Signature of Authorized Representative</td> <td>* Date Signed</td> </tr> <tr> <td colspan="2" style="text-align: center;">Cara Egan-Williams</td> <td style="text-align: center;">10/20/2006</td> </tr> </table>		<b>19. Authorized Representative</b>		Suffix:	Prefix:	* First Name:	* Last Name:		Cara	Egan-Williams	* Position/Title: Sponsored Projects Officer	* Organization Name: The Regents of the University of California		Department: Office of Research	Division:		* Street1: University of California	Street2: 3227 Cheadle Hall		* City: Santa Barbara	County:	* State: CA: California	Province:	* Country: USA: UNITED STATES	* ZIP / Postal Code: 93106-2050	* Phone Number: 805-893-8809	Fax Number: 805-893-2611	* Email: eganwilliams@research.ucsb.edu	* Signature of Authorized Representative		* Date Signed	Cara Egan-Williams		10/20/2006
<b>19. Authorized Representative</b>		Suffix:																																
Prefix:	* First Name:	* Last Name:																																
	Cara	Egan-Williams																																
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* Signature of Authorized Representative		* Date Signed																																
Cara Egan-Williams		10/20/2006																																
<b>20. Pre-application File Name: Mime Type:</b>																																		
<b>21. Attach an additional list of Project Congressional Districts if needed.</b>																																		
File Name: Mime Type:																																		

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED		Applicant Identifier	
Application		10-21-06			
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION				<div>RECEIVED</div> <div>OCT 20 2006</div> <div>STATE CLEARING HOUSE</div>	
Legal Name: EarthTeam		Organizational Unit:			
		Department:			
Organizational DUNS: 147554344		Division:			
Address: 2530 San Pablo Ave./ Suite L		Name and telephone number of person to be contacted on matters involving this application (give area code)			
Street: San Pablo Ave.		Prefix: Ms.		First Name: Faith	
City: Berkeley				Middle Name:	
County: Alameda				Last Name: Gong	
State: CA		Zip Code: 94702		Suffix:	
Country: USA				Email: faith@earthteam.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):				Phone Number (give area code)	
68 -0347329				510-704-4030	
8. TYPE OF APPLICATION:				7. TYPE OF APPLICANT: (See back of form for Application Types)	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision				O (Not for profit)	
If Revision, enter appropriate letter(s) in box(es)				Other (specify)	
(See back of form for description of letters.)				9. NAME OF FEDERAL AGENCY:	
Other (specify)				EPA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
66.604				Something's in the Air - An Asthma Research and Action Project for Teens	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): Contra Costa and Alameda Counties				14. CONGRESSIONAL DISTRICTS OF:	
13. PROPOSED PROJECT -				a. Applicant 9, 10, 11, 13	
Start Date: 5-1-06				b. Project 9, 10, 11, 13	
Ending Date: 5-1-08				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
15. ESTIMATED FUNDING: \$50,000				a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
a. Federal		\$50,000		b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
b. Applicant		\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State		\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local		\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
e. Other		\$		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
f. Program Income		\$		a. Authorized Representative	
g. TOTAL		\$50,000		Prefix Ms.	
				First Name Sheila	
				Middle Name M.	
				Suffix	
				c. Telephone Number (give area code) 510-704-4030	
				e. Date Signed 10/20/06	

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Prescribed by OMB Circular A-102



**DRAFT****PART I - FACE SHEET****APPLICATION FOR FEDERAL ASSISTANCE****1. TYPE OF SUBMISSION:**

Non-Construction

2a. DATE SUBMITTED TO CORPORATION  
FOR NATIONAL AND COMMUNITY  
SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:

07SEP060467

4. DATE RECEIVED:

GRANT NUMBER:

05SEP06A003

**5. APPLICATION INFORMATION**

LEGAL NAME: Golden Umbrella, Inc

DUNS NUMBER: 964530919

ADDRESS (give street address, city, state and zip code):

200 Mercy Oaks Drive  
Redding CA 96003 - 8641

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

237115171

8. TYPE OF APPLICATION:

☐ NEW☒ CONTINUATION☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER  
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give  
area codes):

NAME: Tina B. Brown

TELEPHONE NUMBER: (530) 226-3012

FAX NUMBER: (530) 223-0658

INTERNET E-MAIL ADDRESS: tina.brown@chlw.edu

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Faith-based organization

**RECEIVED**

OCT 20 2006

STATE CLEARING HOUSE

9. NAME OF FEDERAL AGENCY:

**Corporation for National and Community Service**

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011

10b. TITLE: Foster Grandparent Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FGP of Golden Umbrella

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

Shasta, Siskiyou and Trinity Counties, California

13. PROPOSED PROJECT: START DATE: 01/01/05

END DATE: 12/31/07

14. PERFORMANCE PERIOD: START DATE:

END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL

\$ 424,018.00

b. APPLICANT

\$ 106,052.00

c. STATE

\$ 0.00

d. LOCAL

\$ 0.00

e. OTHER

\$ 106,052.00

f. PROGRAM INCOME

\$ 0.00

g. TOTAL

\$ 530,070.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE  
ORDER 12372 PROCESS?☐ YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE  
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR  
REVIEW ON:  
DATE:

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES if "Yes," attach an explanation. ☒ NO18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN  
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE  
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Sharon L. Eliza

b. TITLE:

Business Manager

c. TELEPHONE NUMBER:

(530) 226-3021

d. DATE:

114 West Copper Sage Circle • The Woodlands, Texas 77381  
Phone: (281) 465-4693 • Fax: (281) 465-4692

<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision
* 3. Date Received: _____ 4. Applicant Identifier: _____ Completed by Grants.gov upon submission	
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
State Use Only:	
6. Date Received by State:	7. State Application Identifier:
8. APPLICANT INFORMATION:	
* a. Legal Name: INMED Partnerships for Children	
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
52-1462339	174218495
d. Address:	
* Street1:	45449 Severn Way
Street2:	Suite 101
* City:	Sterling
County:	Loudoun
* State:	VA: Virginia
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	20166
e. Organizational Unit:	
Department Name:	Division Name:
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix:	* First Name:
Ms.	Katie
Middle Name:	
* Last Name:	Eilers
Suffix:	
Title:	Director
Organizational Affiliation:	
INMED's MotherNet L.A. Program	
* Telephone Number:	Fax Number:
(310) 764-0956 ext. 105	(310) 637-6511
* Email: kellers@inmed.org	

RECEIVED

OCT 23 2006

STATE CLEARING HOUSE

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

\* Other (specify):

## \* 10. Name of Federal Agency:

Environmental Protection Agency

## 11. Catalog of Federal Domestic Assistance Number:

66.604

## CFDA Title:

Environmental Justice Hazardous Substances Research Small Grants to Community Groups

## \* 12. Funding Opportunity Number:

EPA-OECA-OEJ-06-04

## \* Title:

ENVIRONMENTAL JUSTICE SMALL GRANTS PROGRAM

## 13. Competition Identification Number:

## Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

Compton and South Los Angeles County, California

## \* 16. Descriptive Title of Applicant's Project:

Take Charge Compton: Addressing Asthma-Related Environmental Issues Through Community Empowerment

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant VA-10

\* b. Program/Project CA-37

Attach an additional list of Program/Project Congressional Districts if needed.

## 17. Proposed Project:

\* a. Start Date: 03/01/2007

\* b. End Date: 02/28/2009

## 18. Estimated Funding (\$):

* a. Federal	50,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	50,000.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 10/23/2006☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Dr. \* First Name: Linda

Middle Name:

\* Last Name: Pfeiffer

Suffix: Ph.D

\* Title: President

\* Telephone Number: (703) 444-4477 ext. 208

Fax Number: (703) 444-4471

\* Email: lpfeiffer@inmed.org

\* Signature of Authorized Representative: Completed by Grants.gov upon submission \* Date Signed: Completed by Grants.gov upon submission.

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Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application			
<b>5. APPLICANT INFORMATION</b>				
Legal Name: The Coachella Valley Housing Coalition		Organizational Unit: Department:		
Organizational DUNS: 613-281-070		Division:		
<b>Address:</b> Street: 45701 Monroe Street, Suite G		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
City: Indio		Prefix: Mr.	First Name: John	
County: Riverside		Middle Name F.		
State: CA		Last Name Mealey		
Zip Code 92201	Suffix:			
Country: United States of America		Email: jmealey@cvhc.org		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-3814898		Phone Number (give area code) 760-347-3157		Fax Number (give area code) 760-342-6466
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O. Not for Profit Organization Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 10-411		<b>9. NAME OF FEDERAL AGENCY:</b>		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): County of San Bernardino		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Self-Help Housing Program- The Coachella Valley Housing Coalition (CVHC) will recruit and provide technical assistance to 250 very low and low-income families to build their own modest, but decent, safe and sanitary housing using the Mutual Self-Help Method of Construction.		
<b>13. PROPOSED PROJECT</b> Start Date: 8/01/07 Ending Date: 7/31/09		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 43rd, 45th, 49th, and 51st b. Project		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 6,000,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: October 16, 2006		
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ .00			
g. TOTAL	\$ .00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
a. Authorized Representative				
Prefix Mr.	First Name John	Middle Name F.		
Last Name Mealey		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) 760-347-3157		
d. Signature of Authorized Representative		e. Date Signed October 16, 2006		

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Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> October 19, 2006	Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	

<b>5. APPLICANT INFORMATION</b>			
Legal Name: Community Housing Improvement Program, Inc.		Organizational Unit: Department: N/A	
Organizational DUNS: 010998797		Division:	
Address: Street: 1001 Willow Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Imelda	
City: Chico		Middle Name	
County: Butte		Last Name Michel	
State: CA	Zip Code 95928	Suffix:	
Country: United States of America		Email: imichel@chiphousing.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">9 4 - 2 2 2 3 3 9 8</div>		Phone Number (give area code) (530) 891-6931	Fax Number (give area code) (530) 891-8547
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0 - 4 2 0</div> TITLE (Name of Program): Rural Self-Help Housing Technical Assistance		<b>9. NAME OF FEDERAL AGENCY:</b> USDA - Rural Development	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Butte, Glenn, Tehama, and Shasta Counties, California		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> New application for funding for Rural Self-Help Housing Technical Assistance for the building of an estimated 100 equivalent units in the two-year period 6/01/07-5/31/09.	
<b>13. PROPOSED PROJECT</b> Start Date: 6/01/07    Ending Date: 5/31/09		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 2nd CD California    b. Project: 2nd CD California	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 2,530,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11/07/06	
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ .00		
g. TOTAL	\$ .00		

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
<b>a. Authorized Representative</b>		
Prefix	First Name David	Middle Name
Last Name Ferrier		Suffix
b. Title Executive Director		c. Telephone Number (give area code) (530) 891-6931
d. Signature of Authorized Representative		e. Date Signed 10/19/06

## APPENDIX B

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 10/23/2006	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Legal Name: Environmental Health Coalition		Organizational Unit: Department:		
Organizational DUNS: 615170628		Division:		
Address: 401 Mile of Cars Way, Suite 310		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:		Prefix:	First Name:	
City: National City		Ms.	Diane	
County: San Diego		Middle Name:		
State: CA		Last Name: Takvorian		
Zip Code: 91950		Suffix:		
Country: U.S.A.		Email: DianeT@environmentalhealth.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3798792		Phone Number (give area code) (619) 474-0220		
		Fax Number (give area code) (619) 474-1210		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for Profit Organization Other (specify)		
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-604		9. NAME OF FEDERAL AGENCY: US Environmental Protection Agency Office of Environmental Justice		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): San Diego, National City, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Diego Clean Ports Plan Committee		
13. PROPOSED PROJECT Start Date: 3/1/2007 Ending Date: 2/28/2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 51 b. Project 51 & 53		
15. ESTIMATED FUNDING: a. Federal \$50,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$50,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/23/2006 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix Ms. First Name Diane Middle Name Last Name Takvorian Suffix				
b. Title Executive Director				
c. Telephone Number (give area code) 619-474-0220				
d. Signature of Authorized Representative e. Date Signed 10/23/2006				

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Environmental Justice Small Grants Program - June 22, 2006

Standard Form 424 (Rev. 9-2003)

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# DOT



# FTA

U.S. Department of  
Transportation

Federal Transit Administration

## Application for Federal Assistance

Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-05-0205
Budget Number:	1 - Budget Pending Approval
Project Information:	Rehab RS & EAMF - SAFETEA-LU FFY 06

### Part 1: Recipient Information

Project Number:	CA-05-0205
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101
Telephone:	(213) 452-0209
Facsimile:	(213) 452-0421

**RECEIVED**

OCT 23 2006

STATE CLEARING HOUSE

### Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$6,573,556
Project Number:	CA-05-0205	Adjustment Amt:	\$0
Project Description:	Rehab RS & EAMF - SAFETEA-LU FFY 06	Total Eligible Cost:	\$6,573,556
Recipient Type:	Transit Authority	Total FTA Amt:	\$5,258,845
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Joanna Capelle	Total Local Amt:	\$1,314,711
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309-3	S.C. Tgt. Date:	None Specified
		S.C. Eff. Date:	None Specified



State Appl. ID:	None Specified
Start/End Date:	Jul. 01, 2005 - Oct. 31, 2008
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 10, 2006
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

### **Urbanized Areas**

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA
60420	RIVERSIDE--SAN BERNARDINO, CA

### **Congressional Districts**

State ID	District Code	District Official
6	22	William M Thomas
6	23	Lois Capps
6	24	Elton Gallegly
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>1. TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> 	<b>Applicant Identifier</b> 
<b>5. APPLICANT INFORMATION</b> * Legal Name: Board of Trustees of the Leland Stanford Junior University Department: Office of Sponsored Research Division: n/a * Street1: 651 Serra Street Street2: Suite 220 * City: Stanford County: Santa Clara * State: CA: Califor Province: * Country: UNITED ST * ZIP / Postal Code: 94305 * Organizational DUNS: 009214214		<b>3. DATE RECEIVED BY STATE</b> 	
<b>4. Federal Identifier</b> 		<b>State Application Identifier</b> 	
Person to be contacted on matters involving this application Prefix: * First Name: Amy Middle Name: Theresa * Last Name: Atkinson Suffix: * Phone Number: 650-725-2344 * Fax Number: 650-725-6544 Email: amy.atkinson@stanford.edu			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 94-1156365		<b>7. * TYPE OF APPLICANT:</b> O: Private Institution of Higher Education Other (Specify): Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify) * Is this application being submitted to other agencies? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> What other Agencies? NSF		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 TITLE: Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Collaborative Research for DUSEL: Barium tagging in liquid xenon for EXO			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Stanford, CA			
<b>13. PROPOSED PROJECT:</b> * Start Date 02/01/2007 * Ending Date 01/31/2010		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant CA-014 h. * Project CA-014	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> Prefix: Dr. * First Name: Giorgio Middle Name: * Last Name: Gratta Suffix: PhD Position/Title: Principal Investigator * Organization Name: Board of Trustees of the Leland Stanford Junior University Department: Office of Sponsored Research Division: n/a * Street1: 651 Serra Street Street2: Suite 220 * City: Stanford County: Santa Clara * State: CA: Califor Province: * Country: UNITED ST * ZIP / Postal Code: 94305 * Phone Number: 650-725-6509 * Fax Number: 650-725-6544 * Email: gratta@stanford.edu			



**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2**

<b>16. ESTIMATED PROJECT FUNDING</b>  a. * Total Estimated Project Funding <span style="border: 1px solid black; padding: 2px;">917,931.00</span> b. * Total Federal & Non-Federal Funds <span style="border: 1px solid black; padding: 2px;">917,931.00</span> c. * Estimated Program Income <span style="border: 1px solid black; padding: 2px;">0.00</span>	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <span style="border: 1px solid black; padding: 2px;">10/23/2007</span>  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																														
<b>18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b>  <input checked="" type="checkbox"/> * I agree  <small>* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>																																															
<b>19. Authorized Representative</b> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Prefix:</td> <td style="border: none;">* First Name:</td> <td style="border: none;">Middle Name:</td> <td style="border: none;">* Last Name:</td> <td style="border: none;">Suffix:</td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; padding: 2px;">Catherine</td> <td style="border: 1px solid black; padding: 2px;">n/a</td> <td style="border: 1px solid black; padding: 2px;">Boxwell</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> </table> <table style="width:100%; border: none;"> <tr> <td style="border: none;">* Position/Title:</td> <td style="border: 1px solid black; padding: 2px;">Managing Senior Contract and Grant Officer</td> <td style="border: none;">* Organization:</td> <td style="border: 1px solid black; padding: 2px;">Board of Trustees of the Leland Stanford Junior University</td> </tr> <tr> <td style="border: none;">Department:</td> <td style="border: 1px solid black; padding: 2px;">Office of Sponsored Research</td> <td style="border: none;">Division:</td> <td style="border: 1px solid black; padding: 2px;">H&amp;S Team</td> </tr> <tr> <td style="border: none;">* Street1:</td> <td style="border: 1px solid black; padding: 2px;">651 Serra Street</td> <td style="border: none;">Street2:</td> <td style="border: 1px solid black; padding: 2px;">Suite 220</td> </tr> <tr> <td style="border: none;">* City:</td> <td style="border: 1px solid black; padding: 2px;">Stanford</td> <td style="border: none;">County:</td> <td style="border: 1px solid black; padding: 2px;">Santa Clara</td> </tr> <tr> <td style="border: none;">* State:</td> <td colspan="3" style="border: 1px solid black; padding: 2px;">CA: Californ</td> </tr> <tr> <td style="border: none;">Province:</td> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: none;">* Country:</td> <td style="border: 1px solid black; padding: 2px;">UNITED ST</td> </tr> <tr> <td style="border: none;">* ZIP / Postal Code:</td> <td colspan="3" style="border: 1px solid black; padding: 2px;">94305</td> </tr> <tr> <td style="border: none;">* Phone Number:</td> <td style="border: 1px solid black; padding: 2px;">650-725-6864</td> <td style="border: none;">Fax Number:</td> <td style="border: 1px solid black; padding: 2px;">650-498-4167</td> </tr> <tr> <td style="border: none;">* Email:</td> <td colspan="3" style="border: 1px solid black; padding: 2px;">boxwell@stanford.edu</td> </tr> </table> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <b>* Signature of Authorized Representative</b>            Completed on submission to Grants.gov         </div> <div style="width: 45%;"> <b>* Date Signed</b>            Completed on submission to Grants.gov         </div> </div>		Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		Catherine	n/a	Boxwell		* Position/Title:	Managing Senior Contract and Grant Officer	* Organization:	Board of Trustees of the Leland Stanford Junior University	Department:	Office of Sponsored Research	Division:	H&S Team	* Street1:	651 Serra Street	Street2:	Suite 220	* City:	Stanford	County:	Santa Clara	* State:	CA: Californ			Province:		* Country:	UNITED ST	* ZIP / Postal Code:	94305			* Phone Number:	650-725-6864	Fax Number:	650-498-4167	* Email:	boxwell@stanford.edu		
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:																																											
	Catherine	n/a	Boxwell																																												
* Position/Title:	Managing Senior Contract and Grant Officer	* Organization:	Board of Trustees of the Leland Stanford Junior University																																												
Department:	Office of Sponsored Research	Division:	H&S Team																																												
* Street1:	651 Serra Street	Street2:	Suite 220																																												
* City:	Stanford	County:	Santa Clara																																												
* State:	CA: Californ																																														
Province:		* Country:	UNITED ST																																												
* ZIP / Postal Code:	94305																																														
* Phone Number:	650-725-6864	Fax Number:	650-498-4167																																												
* Email:	boxwell@stanford.edu																																														
<b>20. Pre-application</b> <span style="float: right;">Add Attachment</span>																																															
<b>21. Attach an additional list of Project Congressional Districts if needed.</b> <span style="float: right;">Add Attachment</span>																																															

2006 10:50 AM EECOM

415 456 7274

P. 6

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 10/23/2006	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Representational Education Council of Iowa		Organizational Unit: Department:	
Organizational DUNS: 017564928		Division:	
Address: 1005 4th Street		Name and telephone number of person to be contacted on matters involving this application (give area code):	
Street: Stc 202		Prefix:	
City: San Rafael		First Name: Catherine	
County: Marin		Middle Name: Hal Gregor	
State: CA		Last Name: Glaizebrook	
Zip Code: 94930		Suffix:	
Country: USA		Email: catherine@eecom.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 20-1730906		Phone Number (give area code): (415) 485-4908	
Fax Number (give area code):			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es))		7. TYPE OF APPLICANT (See back of form for Application Types): M	
(See back of form for description of letters)		Other (specify):	
Other (specify):		NAME OF FEDERAL AGENCY: Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: EECOM's Environmental Justice Initiatives	
TITLE (Name of Program): EARNING HOUSE			
12. AREAS AFFECTED BY PROJECT: Marin County			
13. PROPOSED PROJECT: Start Date: 2007 Ending Date: April 2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 6 b. Project: 6	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal:	\$	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant:	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State:	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local:	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
e. Other:	\$		
f. Program Income:	\$		
g. TOTAL:	\$		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/REAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative:			
Prefix:		First Name: Catherine	
Last Name: Glaizebrook		Middle Name: Hal Gregor	
b. Title: Executive Director		Suffix:	
c. Signature of Authorized Representative: Catherine MacGregor		d. Telephone Number (give area code): 415 785-3884	
		e. Date Signed: 10/23/2006	

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Standard Form 424 (Rev. 9)

Prescribed by GSA Circular

2006 10:58 AM EECOM

415 456 7274

P. 2

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 10/23/2006	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
4. TYPE OF APPLICATION: <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Environmental Education Council of Marin		Organizational Unit: Department:	
Organizational ID/MS: 017564928		Division:	
Address: 1005 St Street		Name and telephone number of person to be contacted on matters involving this application (give area code):	
Street: Stc 202		First Name: Catherine	
City: San Rafael		Middle Name: MacGregor	
County: Marin		Last Name: Glaazebrook	
State: CA		Suffix:	
Zip Code: 94930		Email: catherine@eecom.net	
Country: USA		Phone Number (give area code): (415) 785-4908	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 20-17930906		Fax Number (give area code):	
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters.) Other (specify):		7. TYPE OF APPLICANT (See back of form for Application Types) M Other (specify):	
8. NAME OF FEDERAL AGENCY: Environmental Protection Agency		9. NAME OF FEDERAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66604		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: EECOM's Environmental Justice Initiatives	
12. AREAS AFFECTED BY PROJECT (City, County, State): Marin County		13. CONGRESSIONAL DISTRICT(S) OF: a. Applicant 6 b. Project 6	
14. PROPOSED PROJECT: Start/End Date: 2007 Ending Date: April 2008		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
16. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
a. Federal \$ 5		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN FULLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
b. Applicant \$ 0		a. Authorized Representative:	
c. State \$ 4,000		b. Title: Executive Director	
d. Local \$ 0		c. Signature of Authorized Representative: Catherine MacGregor	
e. Other \$ 302,000		d. Date Signed: 10/23/2006	
f. Program Income \$ 16,800		Previous Edition (Valid 2003):	
g. TOTAL \$ 363,800		Authorized for Local Reproduction A-102	

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OCT 25 2006

STATE CLEARING HOUSE

Standard Form 424 (Rev. 3)

Prescribed by DMB/Clearing

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

## Application for Federal Assistance

Recipient ID:	1691
Recipient Name:	CITY OF NORWALK
Project ID:	CA-90-Y254
Budget Number:	1 - Budget Pending Approval
Project Information:	Capital Program

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OCT 26 2006

STATE CLEARING HOUSE

### Part 1: Recipient Information

Project Number:	CA-90-Y254
Recipient ID:	1691
Recipient Name:	CITY OF NORWALK
Address:	NORWALK TRANSIT SYSTEM 12700 NORWALK BLVD, NORWALK, CA 90650 0000
Telephone:	(562) 929-5533
Facsimile:	(562) 929-5572

### Union Information

Recipient ID:	1691
Union Name:	UTU - NATIONAL
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 4250
Contact Name:	Roy Arnold
Telephone:	(216) 228-9400
Facsimile:	(216) 228-5755
E-mail:	bus@utu.org
Website:	www.utu.org

Recipient ID:	1691
Union Name:	AFSCME - CA DC 36
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	
City:	Los Angeles, CA, 90020

Contact Name:	Cheryl P.
Telephone:	(213) 487-9887
Facsimile:	(213) 487-9822
E-mail:	cheryl@afscme.org
Website:	www.afscme36.org

Recipient ID:	1691
Union Name:	ATU - LA LOCAL #1277
Address 1:	3200 Wishire Blvd., Suite 1100
Address 2:	
City:	Los Angeles, CA, 90010 1315
Contact Name:	Neil Silver
Telephone:	(213) 383-1277
Facsimile:	(213) 487-7350
E-mail:	LAoffice@atu1277.com
Website:	www.atu1277.com

Recipient ID:	1691
Union Name:	ATU - LB LOCAL #1589
Address 1:	1951 E. Spring Street
Address 2:	
City:	Long Beach, CA, 90806
Contact Name:	Barbara Gales
Telephone:	(562) 490-2334
Facsimile:	(562) 490-2336
E-mail:	barbaragales@atul1589.com
Website:	www.atul1589.com

Recipient ID:	1691
Union Name:	IBT - NATIONAL
Address 1:	25 Louisiana Ave. , NW
Address 2:	
City:	Washington, DC 20001
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-6918
E-mail:	feedback@teamsters.org
Website:	www.teamsters.org

Recipient ID:	1691
Union Name:	IBT - LOCAL 911
Address 1:	3888 Cherry Ave.

Address 2:	
City:	Long Beach, CA, 90807
Contact Name:	Chester Mordasini
Telephone:	(562) 595-4518
Facsimile:	(562) 497-7298
E-mail:	cmordasini@teamsters911.com
Website:	www.teamsters911.com

Recipient ID:	1691
Union Name:	SEIU - NATIONAL
Address 1:	1313 L Street, NW
Address 2:	
City:	Washington DC, 20005
Contact Name:	Andrew Stern
Telephone:	(202) 898-3200
Facsimile:	(202) 898-3491
E-mail:	info@seiu.org
Website:	www.seiu.org

Recipient ID:	1691
Union Name:	TCU - NATIONAL
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD, 20850
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4910
Facsimile:	(301) 330-7662
E-mail:	admin@TCUnion.com
Website:	www.tcunion.org

Recipient ID:	1691
Union Name:	IAM - NATIONAL
Address 1:	9000 Machinists Place
Address 2:	
City:	Upper Marlboro, MD 20772 2687
Contact Name:	Thomas Buffenbarger
Telephone:	(301) 967-4500
Facsimile:	(301) 967-4591
E-mail:	websteward@goiam.org
Website:	www.iamaw.org

Recipient ID:	1691



Union Name:	AFSCME .TIONAL
Address 1:	1625 L. Street, NW
Address 2:	
City:	Washington, DC 20036 5867
Contact Name:	Gerald McEntee
Telephone:	(202) -42-9-10
Facsimile:	(202) -42-9-12
E-mail:	kkorpi@afscme.org
Website:	www.afscme.org

Recipient ID:	1691
Union Name:	IAM - DISTRICT LODGE 947
Address 1:	319 W. Broadway
Address 2:	
City:	Long Beach, CA 90802 4400
Contact Name:	Ray Rivera
Telephone:	(562) 437-7411
Facsimile:	(562) 435-3886
E-mail:	new.iam@verizon.net
Website:	www.iam947.org

Recipient ID:	1691
Union Name:	IAM - LOCAL 1957
Address 1:	12700 Norwalk Blvd.
Address 2:	
City:	Norwalk, CA 90650
Contact Name:	Sid Pineda
Telephone:	(562) 929-5796
Facsimile:	(562) 929-5584
E-mail:	spineda@ci.norwalk.ca.us
Website:	None

Recipient ID:	1691
Union Name:	ATU - NATIONAL
Address 1:	5025 Wisconsin Avenue, NW
Address 2:	
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824
E-mail:	lw@atu.org
Website:	www.atu.org

Recipient ID:	1691
Union Name:	UTU - LOCAL 1563
Address 1:	15999 Cypress Ave.
Address 2:	
City:	Irwindale, CA 90201
Contact Name:	Robert Gonzales
Telephone:	(626) 962-9980
Facsimile:	(626) 962-8079
E-mail:	utujaw@earthlink.net
Website:	www.utu.org

Recipient ID:	1691
Union Name:	TCU - NATIONAL
Address 1:	1625 Massachusetts Avenue, NW
Address 2:	Suite 700
City:	Washington, DC 90036
Contact Name:	Carmen Parcelli, Esq.
Telephone:	(202) 624-7400
Facsimile:	(202) 624-7420
E-mail:	cparcelli@geclaw.com
Website:	www.tunion.org

## Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$7,613,681
Project Number:	CA-90-Y254	Adjustment Amt:	\$0
Project Description:	Capital Program	Total Eligible Cost:	\$7,613,681
Recipient Type:	City	Total FTA Amt:	\$6,283,917
FTA Project Mgr:	Ray Tellis, 213.202.3956	Total State Amt:	\$298,485
Recipient Contact:	Kathryn Engel, 562.929.5533	Total Local Amt:	\$1,031,279
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	May. 01, 2005 - Sep. 30, 2009	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES		
Review Date:	None Specified	Fed. Debt	No
Planning Grant?:	NO		

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 10/26/06		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: CITY OF COMPTON		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Organizational DUNS: 076248335		Organizational Unit: Department: PUBLIC WORKS		Division:	
Address: Street: 205 SOUTH WILLOWBROOK AVENUE		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS.		First Name: ESTELLA	
City: COMPTON		Middle Name:		Last Name: DUBOSE	
County: LOS ANGELES		State: CA		Zip Code: 90220	
Country: U.S.A.		Suffix: STATE CLEARING HOUSE		Email: edubose@comptoncity.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 00-0000000 90-6000696		Phone Number (give area code) 310-605-5527		Fax Number (give area code) 310-761-1488	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) MUNICIPAL		9. NAME OF FEDERAL AGENCY: HUD	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: COMMUNITY DEVELOPMENT BLOCK GRANTS TITLE (Name of Program): Section 108 Loan Guarantee Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PUBLIC RIGHT OF WAYS, STREETS, AND CURBS PROJECT: Improvements to the Richland Farms area will include the repaving of all of the roadways and the construction of		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF COMPTON	
13. PROPOSED PROJECT Start Date: 2/07		Ending Date: 12/08		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 37th	
15. ESTIMATED FUNDING:		b. Project 37th		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 2,700,000		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: October 26, 2006		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
b. Applicant \$		c. State \$		d. Local \$	
e. Other \$		f. Program Income \$		g. TOTAL \$ 2,700,000	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		Yes If "Yes" attach an explanation.		No <input checked="" type="checkbox"/>	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix MS.					
First Name BARBARA		Middle Name		Last Name KILROY	
b. Title CITY MANAGER		c. Telephone Number (give area code) 310-605-5585		d. Signature of Authorized Representative	
e. Date Signed 10/26/06					

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APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: SOUTHERN MONTEREY COUNTY MEMORIAL HOSPITAL			Organizational Unit: Department:		
Organizational DUNS: 010939650			Division:		
Address: Street: 300 CANAL ST City: KING CITY County: MONTEREY State: CA Zip Code 93930			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: KEVIN Middle Name: Last Name: POTTER Suffix:		
Country: USA			Email: KROTTER@MEEMEMORIAL.COM		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1502014			Phone Number (give area code) (831) 385-6000		Fax Number (give area code) (831) 386-7360
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) M Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766			9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): KING CITY, MONTEREY, CALIFORNIA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 68-BED EXPANSION AND REFINANCE		
13. PROPOSED PROJECT Start Date: 12/2005 Ending Date: 12/2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17th b. Project 17th		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 10,594,500.00			a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$ .00			DATE:		
c. State \$ .00			b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$ .00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other B&I \$ 10,654,153.00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$ .00			<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 21,248,153.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name WALTER		Middle Name G	
Last Name BECK				Suffix	
b. Title CEO				c. Telephone Number (give area code) (831) 385-7129	
d. Signature of Authorized Representative				e. Date Signed	

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

## 1. \* TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. Federal Identifier

STATE CLEARING HOUSE

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 009214214

\* Legal Name: Board of Trustees of the Leland Stanford Junior University

Department: Office of Sponsored Research

Division: n/a

\* Street1: 651 Serra Street

Street2: Suite 220

\* City: Stanford

County: Santa Clara

\* State: CA: Calton

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 94305

Person to be contacted on matters involving this application

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Amy

Theresa

Atkinson

\* Phone Number: 650-725-2344

Fax Number: 650-725-6544

Email: amy.atkinson@stanford.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

94-1156365

## 7. \* TYPE OF APPLICANT:

O: Private Institution of Higher Education

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged8. \* TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (Specify)

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

\* Is this application being submitted to other agencies? Yes ☒ No ☐

What other Agencies? NSF

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

DUSEL RESEARCH AND DEVELOPMENT ON SUB-KELVINGERMANNIUM DETECTORS FOR TON SCALE DARK MATTER SEARCH

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Stanford, CA

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

04/01/2007

03/31/2010

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

CA-014

CA-014

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Dr.

Blas

n/a

Cabrera

PhD

Position/Title: Professor

\* Organization Name:

Board of Trustees of the Leland Stanford Junior University

Department: Office of Sponsored Research

Division:

n/a

\* Street1: 651 Serra Street

Street2:

Suite 220

\* City: Stanford

County: Santa Clara

\* State: CA: Calton

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 94305

\* Phone Number: 650-723-3305

Fax Number: 650-725-6544

Email: cabrera@stanford.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

## 600.106 Form SF-424, Application for Federal Assistance

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier			
<b>5. APPLICANT INFORMATION</b>					
Legal Name: City of Williams			Organizational Unit:		
Address (give city, county, state, and zip code): 810 East Main Street Williams, CA 95957			Name and telephone number of person to be contacted on matters involving this application (give area code) Jim Manning, Interim City Manager 530-473-5389		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 4 0 0 0 4 5 3           </div>			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">C</div>		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/>  A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____			A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify) _____		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             1 0 - 7 6 0           </div>  TITLE: Water and Waste Disposal Loan and Grant Program			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> City of Williams Wastewater Treatment Plant Upgrade <div style="border: 2px solid black; padding: 10px; text-align: center; margin-top: 10px;"> <b>RECEIVED</b>   <b>OCT 30 2006</b> </div>		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Williams			<b>14. CONGRESSIONAL DISTRICTS OF:</b> <div style="border: 1px solid black; padding: 5px; display: inline-block; float: right;">STATE CLEARING HOUSE</div>		
<b>13. PROPOSED PROJECT</b> Start Date: June 2007    Ending Date: June 2008		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE <u>10/30/06</u>  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
<b>15. ESTIMATED FUNDING:</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
a. Federal    \$ 7,300,000 <sup>00</sup> b. Applicant    \$ 500,000 <sup>00</sup> c. State    \$ 10,000,000 <sup>00</sup> d. Local    \$ <sup>00</sup> e. Other    \$ <sup>00</sup> f. Program Income    \$ <sup>00</sup> g. TOTAL    \$ 17,800,000 <sup>00</sup>					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Type Name of Authorized Representative Jim Manning		b. Title Interim City Manager		c. Telephone Number 530-473-5389	
d. Signature of Authorized Representative 				e. Date Signed <u>10/30/06</u>	

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 Standard Form 424 (Rev. 7-97)  
 Prescribed by OMB Circular A-102

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)****2. DATE SUBMITTED**

Applicant Identifier

**3. DATE RECEIVED BY STATE**

State Application Identifier

**1. \* TYPE OF SUBMISSION**☐ Pre-application ☒ Application  
☐ Changed/Corrected Application**4. Federal Identifier****5. APPLICANT INFORMATION**

\* Organizational DUNS: 0471200840000

\* Legal Name: The Regents of the University of California

Department: Sponsored Programs

Division: Office of Research

\* Street1: 1850 Research Park Drive, Suite 300

Street2: University of California

\* City: Davis

County: Yolo

\* State: CA: Calif

Province:

\* Country: UNITED ST \* ZIP / Postal Code: 95616

**RECEIVED**

OCT 30 2006

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Mr. Matt

Nguyen

\* Phone Number: 530-747-3912

Fax Number: 530-747-3929

Email: mannguyen@ucdavis.edu

**6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):**

94-6036494

**7. \* TYPE OF APPLICANT:**

H: Public/State Controlled Institution of Higher Education

**8. \* TYPE OF APPLICATION:** ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify):**9. \* NAME OF FEDERAL AGENCY:**

Chicago Service Center

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

81.049

\* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

TITLE: Office of Science Financial Assistance Program

**11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Proposal to participate in the first meseasurement of theta\_13: The Double Chooz Experiment

**12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)**

Davis and Livermore, CA

**13. PROPOSED PROJECT:**

\* Start Date

\* Ending Date

07/01/2006

06/30/2009

**14. CONGRESSIONAL DISTRICTS OF:**

a. \* Applicant

b. \* Project

**15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Dr. Robert

Svoboda

PhD

Position/Title: Professor

\* Organization Name: The Regents of the University of California

Department: Sponsored Programs

Division: Office of Research

\* Street1: 1850 Research Park Drive, Suite 300

Street2: University of California

\* City: Davis

County: Yolo

\* State: CA: Calif

Province:

\* Country: UNITED ST \* ZIP / Postal Code: 95616

\* Phone Number: 530-754-9610

Fax Number: 530-752-4717

\* Email: svoboda@physics.ucdavis.edu

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 1,377,427.00

b. \* Total Federal & Non-Federal Funds 1,377,427.00

c. \* Estimated Program Income 0.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 10/27/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372: OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:

Mr. Matt Nguyen

\* Position/Title: Contracts and Grants Analyst \* Organization: The Regents of the University of California

Department: Sponsored Programs Division: Office of Research

\* Street1: 1650 Research Park Drive, Suite 300 Street2: University of California

\* City: Davis County: Yolo \* State: CA: California

Province: \* Country: UNITED STATES \* ZIP / Postal Code: 95618

\* Phone Number: 530-747-3912 Fax Number: 530-747-3929 \* Email: mannguyen@ucdavis.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

## 20. Pre-application

Add Attachment

Delete Attachment

View Attachment

## 21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008